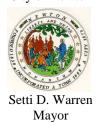
City of Newton



HEALTH AND HUMAN SERVICES DEPARTMENT Dori Zaleznik, MD, Commissioner 1294 Centre Street Newton, MA 02459-1544

Telephone 617-796-1420 Fax 617-552-7063

updated 2/11

PRACTIONER OF BODY ART APPLICATION FOR INDIVIDUAL LICENSE

DATE:	NAME:	L	DATE OF BIRTH		
RES ADDRES	39 .				
RES. ADDRES	SS: STREET	CITY/TOWN	STATE	ZIP CODE	
	DRESS (IF DIFFERENT)				
		HOME TEL. #			
PROSPECTIV	E EMPLOYER(S): NAME OF	F ESTABLISHMENT:			
ADDRESS:		TELEPHONE			
NAME OF BO	DY ART SCHOOL OR TRAIN	ING SPECIALIST:			
ADDRESS OF	SCHOOL OR SPECIALIST:				
		TELEPHONE			
PLEASE SUPE	PLY THE FOLLOWING INFOR				
	E COURSES MUST INCLUDE		tt IId III (II (G.		
• BLOODBOR	NE PATHOGEN TRAINING P	ROGRAM (U.S. OSHA)			
• PREVENTIN	IG DISEASE TRANSMISSION	(AMERICAN RED CROSS)			
• FIRST AID A	AND CPR				
• COURSE ON	N ANATOMY (EXAMINATION	ON ANATOMY OR TRAININ	NG AND EXPE	RIENCE)	
COMPLETED	N SKIN DISEASES, DISORDER AN EXAMINATION ON SKIN DIABETES, OR POSSESSES A	DISEASES, DISORDERS AN	D CONDITION	S,	
I HAVE RECE REGULATION PURSUANT T PERJURY THA	CIVED AND READ THE NEWT NS COVERING THE PRACTIC O M.G.L. CHAPTER 62C, SEC AT I, TO MY BEST KNOWLED LL STATE TAXES REQUIRED	ON HEALTH DEPARTMENT E OF BODY ART". TION 49A, I CERTIFY UNDER DGE AND BELIEF, HAVE FIL	'S "RULE AND R THE PENALT	TIES OF	
SOC	IAL SECURITY OR FED ID#	SIGNATUR	E OF INDIVIDUA	 L	

SUBMIT PHOTOCOPIES OF ANY DIPLOMAS FROM TRAINING SCHOOLS FOR ANY COURSES INCLUDED. RETURN APPLICATION AND \$75.00 YEARLY FEE, PAYABLE TO THE "CITY OF NEWTON" TO THE ABOVE ADDRESS.